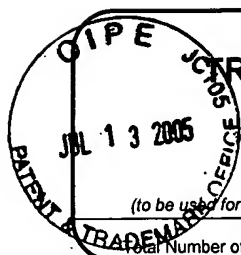


LFW

PTO/SB/21 (09-04)



# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number	10/734,562
Filing Date	December 12, 2003
First Named Inventor	MICHLITSCH, KEN
Art Unit	3736
Examiner Name	Unassigned
Attorney Docket Number	021496-002512US

## ENCLOSURES (Check all that apply)

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input type="checkbox"/> Amendment/Reply<br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input type="checkbox"/> Information Disclosure Statement<br><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Reply to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation<br>Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____<br><input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance Communication to TC<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Return Postcard<br>Request For Corrected Filing Receipt<br>A Redline Copy of Filing Receipt<br>Supplemental ADS |
|--|---|--|

Remarks

The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	James M. Heslin		
Date	July 11, 2005	Reg. No.	29,541

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature

Typed or printed name

Jennifer O'Brien

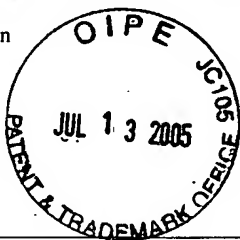
Date

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PATENT  
Attorney Docket No.: 021496-002512US

Office of Initial Patent Examination  
Filing Receipt Corrections  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450



On: 7-11-05

TOWNSEND and TOWNSEND and CREW LLP

By: Jennifer O'Brien

Jennifer O'Brien

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

MICHLITSCH et al.

Application No.: 10/734,562

Filed: December 12, 2003

For: Apparatus and Methods for  
Forming and Securing Gastrointestinal  
Tissue Folds

Customer No.: 20350

Examiner: Unknown

Technology Center/Art Unit: 3736

**REQUEST FOR  
CORRECTED FILING RECEIPT**

Office of Initial Patent Examination  
Filing Receipt Corrections  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached is a redline corrected copy of the Updated Filing Receipt for the above-noted application for which issuance of a corrected Filing Receipt is respectfully requested.

There is an error in the name of the Assignee in the Assignment for Published Patent Application section of the Filing Receipt. The correct name for the Assignee should read as follows with the correction noted in bold text:

USGI Medical **Inc.**

The correct name is specified in the Supplemental Application Data Sheet submitted herewith. Applicants respectfully request correction of the Filing Receipt.

The correction is due to applicant's error and the fee therefore, pursuant to 37 CFR §1.19(h), of \$25.00 is to be charged to Deposit Account No. 20-1430. Please charge any additional fees or credit overpayment to the Deposit Account No. 20-1430.

Respectfully submitted,

James M. Heslin  
Reg. No. 29,541

TOWNSEND and TOWNSEND and CREW LLP  
Two Embarcadero Center, Eighth Floor  
San Francisco, California 94111-3834  
Tel: 650-326-2400  
Fax: 415-576-0300  
Attachments  
JMH:tfw  
60534624 v1

AUG 09 2004

TECH &amp; IP DEPT



UNITED STATES PATENT AND TRADEMARK OFFICE

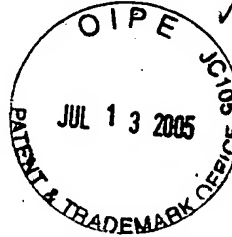
JMH, PA

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APPL NO.	FILING OR 371 (c) DATE	ART UNIT	FIL FEE REC'D	ATTY. DOCKET NO	DRAWINGS	TOT CLMS	IND CLMS
10/734,562	12/12/2003	3736	840	021496-002512US / USGI-00	42	49	6

35023

LUCE, FORWARD, HAMILTON & SCRIPPS LLP  
 11988 EL CAMINO REAL, SUITE 200  
 SAN DIEGO, CA 92130



CONFIRMATION NO. 2406

UPDATED FILING RECEIPT



\*OC000000013460928\*

Date Mailed: 08/06/2004

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Ken Michlitsch, Livermore, CA;  
 Vahid C. Saadat, Saratoga, CA;  
 Rich Ewers, Fullerton, CA;  
 Chris Rothe, San Jose, CA;  
 Rodney Brenneman, San Juan Capistrano, CA;  
 Cang Lam, Irvine, CA;  
 Eugene Chen, Carlsbad, CA;

**Assignment For Published Patent Application**

~~USGI MEDICAL~~, Santa Clara, CA;  
 USGI MEDICAL INC.

**Domestic Priority data as claimed by applicant**

This application is a CIP of 10/672,375 09/25/2003  
 which claims benefit of 60/500,627 09/05/2003  
 This application 10/734,562  
 is a CIP of 10/612,170 07/01/2003  
 which claims benefit of 60/433,065 12/11/2002  
 This application 10/734,562  
 is a CIP of 10/639,162 08/11/2003  
 which claims benefit of 60/433,065 12/11/2002  
 This application 10/734,562  
 is a CIP of 10/173,203 06/13/2002  
 and is a CIP of 10/458,060 06/09/2003  
 which is a CIP of 10/346,709 01/15/2003  
 and is a CIP of 60/471,893 05/19/2003  
 This application 10/734,562

JHE

is a CIP of 10/288,619 11/04/2002  
which is a CIP of 09/746,579 12/20/2000  
and is a CIP of 10/188,509 07/03/2002  
which is a CIP of 09/898,726 07/03/2001 PAT 6,626,899  
which is a CIP of 09/602,436 06/23/2000 PAT 6,669,687  
which claims benefit of 60/141,077 06/25/1999

**Foreign Applications**

If Required, Foreign Filing License Granted: 03/22/2004

Projected Publication Date: 11/11/2004

Non-Publication Request: No

Early Publication Request: No

**\*\* SMALL ENTITY \*\***

**Title**

Apparatus and methods for forming and securing gastrointestinal tissue folds

**Preliminary Class**

600

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**LICENSE FOR FOREIGN FILING UNDER  
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Title 37, Code of Federal Regulations, 5.11 & 5.15**

**GRANTED**

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## **Supplemental Application Data Sheet**

### **Application Information**

Application number:: 10/734,562  
Filing Date:: 12/12/2003  
Application Type:: Regular  
Subject Matter:: Utility  
Title:: APPARATUS AND METHODS FOR FORMING  
AND SECURING GASTROINTESTINAL  
TISSUE FOLDS  
~~Attorney Docket Number:: USGI-005-2G~~  
Attorney Docket Number:: 021496-002512US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 41  
Small Entity?:: Yes  
Petition included?:: No  
Secrecy Order in Parent Appl.: No

### **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: KENNETH  
Middle Name:: J.  
Family Name:: MICHLITSCH  
City of Residence:: Livermore  
State or Province of Residence:: CA  
Street of Mailing Address:: 822 South M. Street  
City of Mailing Address:: Livermore  
State or Province of mailing address:: CA

Postal or Zip Code of mailing address:: 94550

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: VAHID  
Middle Name:: C.  
Family Name:: SAADAT  
City of Residence:: Saratoga  
State or Province of Residence:: CA  
Street of Mailing Address:: 12679 Kane Drive  
City of Mailing Address:: Saratoga  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95070

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RICHARD  
Middle Name:: C.  
Family Name:: EWERS  
City of Residence:: Fullerton  
State or Province of Residence:: CA  
Street of Mailing Address:: 1437 W. Malvern  
City of Mailing Address:: Fullerton  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92883

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: CHRIS  
Family Name:: ROTHE



City of Residence:: San Jose  
State or Province of Residence:: CA  
Street of Mailing Address:: 1593 Sabina Way  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 95118

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RODNEY  
Family Name:: BRENNEMAN  
City of Residence:: San Juan Capistrano  
State or Province of Residence:: CA  
Street of Mailing Address:: 34002 Las Palmas Del Mar  
City of Mailing Address:: San Juan Capistrano  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92675

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: CANG  
Middle Name:: C.  
Family Name:: LAM  
City of Residence:: Irvine  
State or Province of Residence:: CA  
Street of Mailing Address:: 74 Stanford Ct.  
City of Mailing Address:: Irvine  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92512

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: EUGENE  
Middle Name:: C.  
Family Name:: CHEN  
City of Residence:: Carlsbad  
State or Province of Residence:: CA  
Street of Mailing Address:: 3600 Corte Castillo  
City of Mailing Address:: Carlsbad  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92009

**Correspondence Information**

Correspondence Customer Number:: 20350

**Representative Information**

Representative Customer Number:: 20350

### Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application 10/672,375	Continuation-in-part An application claiming the benefit under 35 USC 119(e)	10/672,375 60/500,627	09/25/03 09/05/03
This Application 10/612,170	Continuation-in-part An application claiming the benefit under 35 USC 119(e)	10/612,170 60/433,065	07/01/03 12/11/02
This Application 10/639,162	Continuation-in-part An application claiming the benefit under 35 USC 119(e)	10/639,162 60/433,065	08/11/03 12/11/02
This Application This Application 10/458,060 10/346,709	Continuation-in-part Continuation-in-part Continuation-in-part An application claiming the benefit under 35 USC 119(e)	10/173,203 10/458,060 10/346,709 60/471,893	06/13/02 06/09/03 01/15/03 05/19/03
This Application 10/288,619 This Application 10/188,509 09/898,726 09/602,436	Continuation-in-part Continuation-in-part Continuation-in-part Continuation-in-part An application claiming the benefit under 35 USC 119(e)	10/288,619 09/746,579 10/188,509 09/898,726 09/602,436 60/141,077	11/4/02 12/20/00 07/02/02 07/03/01 06/23/00 06/25/99

### Assignee Information

Assignee Name:: \_\_\_\_\_ USGI Medical  
Assignee Name:: \_\_\_\_\_ USGI Medical Inc.  
Street of mailing address:: 1140 Calle Cordillera  
City of mailing address:: San Clemente  
State or Province of mailing address:: CA  
Postal or Zip Code of mailing address:: 92673

This sheet is not to be filed with the USPTO, but retained in the prosecution file as a record of the DOCSOpen number. Fields having no information may be deleted from the ADS. For example, if there is no foreign priority claim, the foreign priority text may be deleted from the ADS.

60534609 v1